



APPLICATION FOR
APPOINTMENT TO COUNTY OF LAKE
ADVISORY BOARD, COMMISSION OR COMMITTEE



Name of Applicant: Sharon maher

Home Address: _____ City: _____ ZIP: _____

Mailing Address: PO Box 365 City: Nice ZIP: 95464

Occupation: LARC - teen programs coordinator Email: sharon.m@lakefrc.org

Home Phone: (707) 478-1474 Work Phone: (707) 274-0563 Supervisor al District _____

Name of Board/Committee/Commission(s) you are interested in serving on: _____

MCAT

Board/Committee/Commission category under which you are applying, if applicable _____

Lake

List past or present County appointments, as well as any other public service appointments, or elected positions held (please list dates served): _____

Please briefly explain why you would like to serve, what special qualifications or expertise you may have for the position and any other information you would like to include as part of your application:

I am the new Supervisor for LARC - teen programs.
I have also worked with mother-woise and I
am trained in perinatal mood & anxiety disorders

List community organizations to which you belong:

mother-woise
Lake Family Resource - Early Head Start

Convictions and Penalties - Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.) _____

List any affiliation you or your spouse has with public service agencies: _____

I certify that the above information is true and correct, and I have read the Lake County Advisory Board, Committee and Commission Conflict of Interest Policy. I agree to abide by that policy and to the best of my knowledge, I have no conflict of interest.

(Signature)

5/3/18
(Date)

PLEASE RETURN COMPLETED FORM TO:

Clerk of the Board of Supervisors
255 N. Forbes St.
Lakeport, CA 95453
FAX (707) 263-2207

For Board Use Only:

APPOINTED YES NO

APPOINTED ON: _____

TERM EXPIRES: _____